

APPLICATION FOR DEATH CERTIFICATE

(PLEASE PRINT CLEARLY)

THIS IS A REQUEST FOR THE DEATH CERTIFICATE OF:

FULL NAME: _____ DATE OF DEATH: _____

OF COPIES REQUESTED _____

I CERTIFY THAT THE PERSON NAMED IN THE CERTIFICATE REQUESTED IS:

- ☐ MY SPOUSE ☐ MY PARENT ☐ MY GRANDPARENT ☐ MY CHILD
☐ A PERSON I LEGALLY REPRESENT ☐ OTHER _____

INFORMATION OF PERSON MAKING THIS APPLICATION:

PRINTED FULL NAME _____

ADDRESS _____ CITY _____ STATE, ZIP _____

SIGNATURE: _____ DATE: _____

Please make sure all information is included to expedite the Death Certificate.

- ☐ Completed Application Form;
- ☐ Copy of Drivers License or Picture Identification;
- ☐ Money order or cash for the correct amount – No personal checks;
- ☐ Self Addressed Stamped Envelope.

Mail Your Request To:

**Vital Statistics
235 Grand Street
Waterbury, CT 06702**